UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

<u>Gabino Genao</u>		
	No.	
Write the full name of each plaintiff.	(To be filled out by Clerk's Office	e)
-against-	COMPLAINT	
NYC Dept of Corrections, Mailroom	(Prisoner)	
officers of NIC, Mailroom officers	Do you want a jury trial? ▼ Yes □ No	SDN 2020
of O.B.C.C. Warden Sharlisa Walker N.	1.6,	SDNY PR
Warden Freeman of DRCC		<u>ි</u>
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The		PM 3: 36
names listed above must be identical to those contained in		- 1,

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

Section IV.

I.	LEGAL	RACIC	EOD	CIA	TAT
1,	LEGAL	DADID	FUX	CLA	MIN

State below the federal legal basis for your claim, prisoners challenging the constitutionality of their often brought under 42 U.S.C. § 1983 (against stat "Bivens" action (against federal defendants).	conditions of confinement; those claims are
Violation of my federal constitutional rights	
□ Other:	
II. PLAINTIFF INFORMATION	
Each plaintiff must provide the following informati	ion. Attach additional pages if necessary.
Gabino	Genao
First Name Middle Initial	Last Name
State any other names (or different forms of your you have used in previously filing a lawsuit.	name) you have ever used, including any name
113-17-00724 NYSI	D# 04570951M
Prisoner ID # (if you have previously been in anoth and the ID number (such as your DIN or NYSID) under the ID number (such as	er agency's custody, please specify each agency der which you were held)
North Infirmary Comin	nand
Current Place of Detention	
1500 HAZEN St.	
Institutional Address	
East Elmhurst N County, City Star	11370
County, City Sta	te Zip Code
III. PRISONER STATUS	
Indicate below whether you are a prisoner or other	r confined person:
Pretrial detainee	•
☐ Civilly committed detainee	
☐ Immigration detainee	
☐ Convicted and sentenced prisoner	
□ Other:	· · · · · · · · · · · · · · · · · · ·

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	WARDEN V	VAIKEr			
	First Name	Last Name	Shield #		
	WARDEN of	- (N.I.C)	•		
	Current Job Title (or other	·	n)	•	
	1500 HAZEN	4			
	Current Work Address	<u> </u>	 .		
	EAST Elmhurst	· Yu	((370		
· · · · · · · · · · · · · · · · · · ·	County, City	State	Zip Code		
Defendant 2:	WARDEN	Freeman		•	
	First Name	Last Name	Shield #		
	WARDEN OF	O.B.C.C.	·		
. · ·	Current Job Title (or other	r identifying information	n)		
	1600 HAZEN	St.			
	Current Work Address			_	
	East Elmhurst	NY	11370		
	County, City	State	Zip Code		
Defendant 3:	John Jane 7	20e			
	First Name	Last Name	Shield #		
	Mail room office	ers (NILC)			
÷	Current Job Title (or othe	r identifying information	1)		
•	1500 HAZEN S	+			
	Current Work Address				
	EAST Elmhurt	NY	11370		
	County, City	State	Zip Code		
Defendant 4:	John /Jane	Doe	<u> </u>		
	First Name	Last Name	Shield #		
	1600 HAZEN S	r			
	Current Job Title (or other identifying information)				
	Contraction of the contraction o	MailRoom	Officers		
	Current Work Address				
	EAST Elmhurt	M	11370		
	County, City	State	Zip Code		

V. STATEMENT OF CLAIM

Place(s) of occurrence: Mailroom N.I.C D.B.C.C.

Date(s) of occurrence: Approx - 12/27/18 Approx - 1/16/19 - 1/27/19

12/27/18 approx 12:30 pm-3pm I gave (b) Dieces of (Article 78)

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Legal Mail ((ertified Mail) to Mailroom Officer Rodriguez - In the presence of CO. Knepple C.O. Morgan and Capt ibrary enclosed in manilla envelopes. They appeals for an incident that occurred submitted the Appeal the Next Day Did not go at from N.I.C in a timely fad Causing a Delay in my submissions. That mail to 0,B.C.C one tull month later. 47 45W 3-11 tour. with (3) Inmate withdraw fund slips already ready to go out Certified Mai falsely states that on 1/16/19 and were all forged handed to CO. Sands. completely different forms are intentionally tampering interfering with my h the at

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. Federal U.S. Mail Fraud Title 18
Violation of My 4th 8th and 14th Amendment.
Delays of Submission of my claims and appeals. Which resulted in me unfairly remaining in ESH, PSEE
Which resulted in me unfairly remaining in ESH, PSEE
housing aswell as Booth Visitation.
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
\$100,000.00 USD - One hundred Thousand Dollars.
Cash Compensation and Punitive Damages.
Actions against the Department and its Steff.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2132130		D. Deval	
Dated		Plaintiff's Signature	
Gabino		Genao	· · ·
First Name	Middle Initial	Last Name	
1500 HAZENST	<u> </u>	•	
Prison Address			,
EAST EIMHURST	. NY		11370
County, City	State	Zip	Code
		•	• •
Date on which I am delivering	this complaint to priso	on authorities for mailing:	2132130



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

PORRECT PERSONNEL PROPERTY OF THE PROPERTY OF	DE TO
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artin-	OFFICE OF CO	OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			n.: 7102R 9/14/18	
	DISPOSITION FORM		Ref.:	Dir. 3376R-A	· .	
Grievance Re 190867	ference #:		e Filed: oruary 14, 2019		Facility: OBCC-4 S	outhwest
Inmate Name: Genao, Gab			Book and Case#: 113-17-00734		Category: Corresp	ond/Mail
"Today I r dated 12/27 which allow appeal's an withdrawn	eceived copies of 7/18 were not served me to believed complaints for 2/1/19."	f Certified Mail nt from the facil e my mail was t rm the Dept. ab	I sent over a month agaity that I originally sent ampered with (Legal Muse of power and misco	t then [ail) T	n from (N. The mail w	I.C.) ere
			RMAL RESOLUTION			
The Office Of Oalternatively, OCOCS conductors staff; all converse processes records. However Genon on 12/2/2	ed an investigation and of Mr. Genao's "Certifology Mr. Genao moved and receipts were frer; OCGS did notice 7/2018 which was not	nce Services proposes n explanation for why the dinformed Mr. Genatied Mail" was processed from facility to factorwarded to Mr. Genation a lengthily period of the processed by DOC	ot subjected to the Grievance Process to formally resolve your grievance submission is not subject to the Cost that according to RICC as we sed accordingly and in a timely mility; it has been proven that his bao's current facility (at any give processing time for Certified Mility and then by USI Mail" to be substantiated."	nce as forced as the control of the	e OBCC mail in spite of his ed Mail" was) for his own nitted by Mr.	
Note: If you appeal, the	(Failure to sign for ept the resolution egreyance staff can request for a	rms will forgo your rig No I request to a preliminary based review if they	OW AND PROVIDE YOUR SIG ght to appeal the proposed resolu- ppeal the resolution of this griev feel the complaint was thoroughly investigated ar ye to inform you the appeal will proceed or you ex	<i>ition.)</i> ance to	the Command	to the
nmate's Signa	ture:		Date:		<u>.</u>	
Grievance Coo	ordinator/Officer Signa		Date 은 은 씨선 6 [생활발 [February 21, 2019	202		

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ATTACHMENT - C



Action Requested by Inmate:

CITY OF NEW YORK - DEPARTMENT OF CORRECTION

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OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

Form.: 7102R Eff.: 9/14/18

	DISPOSITION FORM	Ref.: Dir. 3376R-A
Grievance Reference #:	Date Filed:	Facility:
40000	I = 1	

190867February 14, 2019OBCC-4 SouthwestInmate Name:Book and Case#:Category:Genao, Gabino113-17-00734Correspond/Mail

From OCGS Inmate Statement Form, print or type short description of grievance:

"Today I received copies of Certified Mail I sent over a month ago. Problem is the ones dated 12/27/18 were not sent from the facility that I originally sent them from (N.I.C.) which allowed me to believe my mail was tampered with (Legal Mail) The mail were appeal's and complaints form the Dept. abuse of power and misconduct. Funds were withdrawn 2/1/19."

"Investigation to commence on why my mail was sent late."

STEP 1: FORMAL RESOLUTION

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.

OCGS conducted an investigation and informed Mr. Genao that according to RICC as well as the OBCC mail room staff; all of Mr. Genao's "Certified Mail" was processed accordingly and in a timely manner in spite of his movement. Although Mr. Genao moved from facility to facility; it has been proven that his "Certified Mail" was indeed processed and receipts were forwarded to Mr. Genao's current facility (at any given time) for his own records. However; OCGS did notice a lengthily period of processing time for Certified Mail submitted by Mr. Genoa on 12/27/2018 which was not processed by DOC until 1/28/19 and then by USPS on 2/1/19. OCGS concludes the matter of untimely in processing of "Certified Mail" to be substantiated."

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.)

☐ Yes, I accept the resolution ☐ No ☐ request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.

Inmate's Signature: Date:

☐ Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

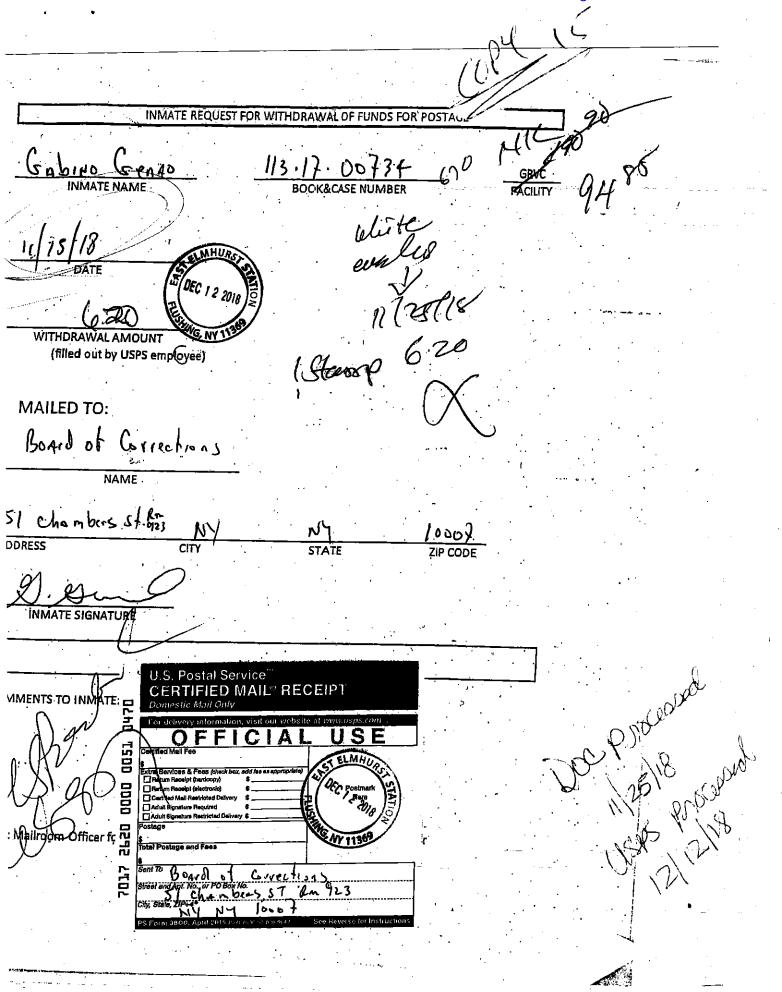
February 21, 2019

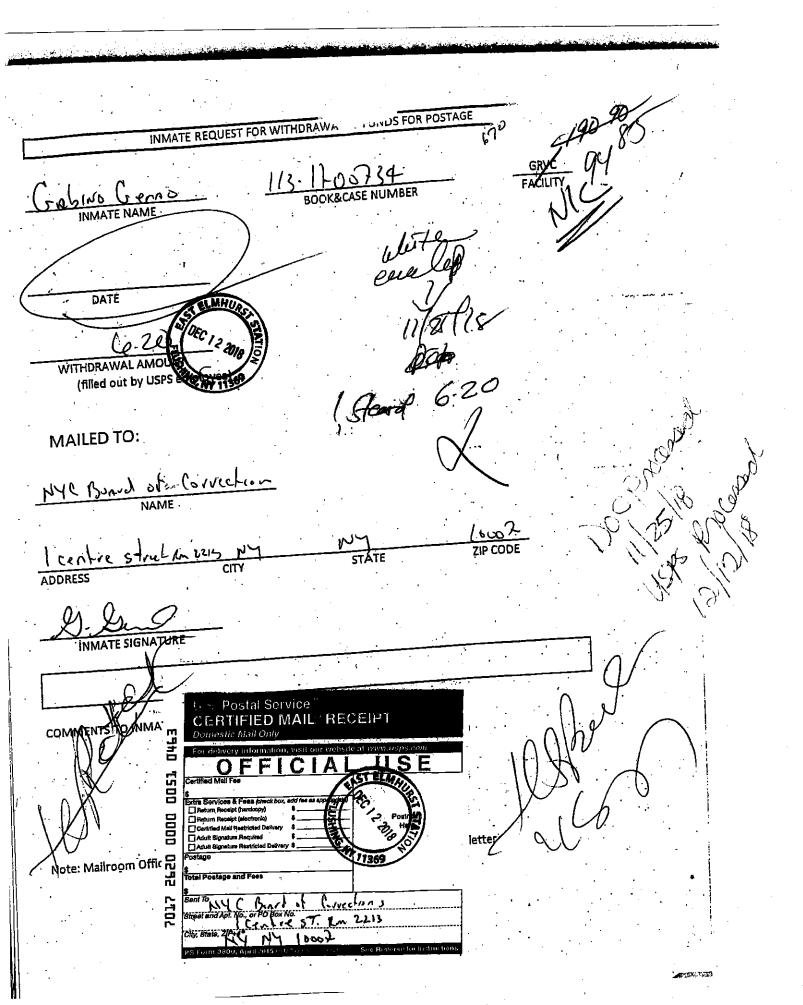


CITY OF NEW YORK - DEPARTMENT OF CORRECTION

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- Tr. 1	NMATE STATEMENT FO	=	Form.: 7101R-A Eff.:9/14/18 Ref.: Dir. 3376R-/	
Inmate's Name: Gabino Gena	Book & Case #	1: 7-00734	NYSID#	
Facility:	Housing Area:	Date of Incident:	Date Su	ibmitted:
All grievances must be submitted within harassment allegation. The inmate filing of Constituent and Grievance Services (OCGS staff shall provide the inmate with	ithe grievance must personall OCGS) staff, OCGS staff will i	y prepare this statement time-stamp and issue it	Linon collection	his Alex Office
Grievance:				
over a month of were not Sent from from mail was tan were appeals an Abuse of Power a	on the facili- (N. I.C) whice pered willy a d complaint	Legal Mail f. Funds wer	es Doifec origina re to The M Le Diept.	1 12/27/1x 1/4 locliere ail wed 2/1/
Investigation to greater read below and check the corre	•	why my m	ail was s	ient larte
Do you agree to have your statement edite to you need the OCGS staff to write the greater you filed this grievance with a court of you require the assistance of an interp	od for clarification by OCGS stated	Yes No Yes No Yes No Yes No		
nmate's Signature:		D	ate of Signature	*
THIS FORM IS INVALID UN	FOR DOC OFFICE US E A COPY OF THIS FORM TO THE LESS SIGNED BY THE INMATE AN Reference #	D GRIEVANCE COORDINAT	gory:	
2019 FEB 14 P 3: 2 TOTTICE OF	Constituent and Grievances Se		ULODYOLD er Sighature:	na/N/aul





INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

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INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Gabro Genalo 1(31700	
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NOTE: Mallroom Officer forwards this request to RICC along with each possel

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INMATE REQUES	FOR WITHDRAWAL	OF FUNDS FOR PO	STAGE	
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INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE	303
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Rikana Island Judicial conter	
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INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE	٠
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INMATE REQUEST	FOR WITHDRAWA	L OF FUNDS FOR	R POSTAGE	i
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NOTE: Mailroom Officer forwards this request to DTCC along

<u>INMATE REQUEST</u>	FOR WITHDRAWAL	OF FUNDS FOR POSTA	GE
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INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE	
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MATE REQUEST FOR WITHDRAWAY OF TYPING

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INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

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NOTE: Mailroom Officer forwards this request to RICC along with each parcel

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE	
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NOTE: Mailroom Officer forwards this request to RICC along with each parcel

SONY PRO SE OFFICE 2022 JAR 19 PM 3: 36 Gabino Genao 113-17-00734 1500 HAZENST NY 11376

United States & Swithern District 500 Real States



